

Report Date: 26 Jul 2011

**Summary Report for Individual Task
081-833-0002
Manage a Seizing Patient
Status: Approved**

DISTRIBUTION RESTRICTION: Approved for public release; distribution is unlimited.

DESTRUCTION NOTICE: None

Condition: You have a seizing patient requiring management. You will need padding materials, oxygen, suction equipment, non-rebreather or bag-valve-mask, pen and SF Form 600 (Medical Record-Chronological Record of Medical Care). You have performed a patient care hand wash and taken appropriate body substance isolation precautions. You are not in a CBRN environment.

Standard: Complete all steps to manage a seizing patient without causing unnecessary injury to the patient.

Special Condition: None

Special Standards: None

Special Equipment:

Task Statements

Cue: None

<div><div>DANGER</div><div>None</div></div>
--

<div><div>WARNING</div><div>None</div></div>

<div><div>CAUTION</div><div>None</div></div>

Remarks: None

Notes: None

Performance Steps

1. Identify the type of seizure based upon the following signs and symptoms:

a. Petit mal.

(1) Brief loss of concentration or awareness without loss of motor tone.

(2) Lip smacking or eye blinking.

(3) Occurs mainly in children and is rarely an emergency.

b. Grand mal (generalized).

(1) May be preceded by an aura.

(2) Has two phases.

(a) Tonic/Clonic Phase--characterized by rigidity and stiffening of the body, drooling and occasional cyanosis around the face and lips.

(b) Postictal Phase--begins when convulsions stop. The patient may regain consciousness and enter a state of drowsiness and confusion or remain unconscious for several hours.

(3) May involve incontinence, biting of the tongue (rare), cyanosis or mental confusion.

c. Status Epilepticus.

(1) Two or more seizures without an intervening period of consciousness or a seizure lasting more than 30 minutes.

(2) A medical emergency. If untreated it may lead to:

Note: Mentally note the aspects of seizure activity for recording after the seizure.

(a) Aspirations of secretions.

(b) Cerebral or tissue hypoxia.

(c) Brain damage or death.

(d) Fractures of long bones.

(e) Head trauma.

(f) Injured tongue from biting.

CAUTION

Never place anything in the mouth of a seizing patient.

2. Maintain the airway of a patient exhibiting tonic-clonic movement.

3. Place the patient on his side if possible.

a. Observe the patient to prevent aspiration and suffocation.

CAUTION

Do not elevate the patient's head and do not restrain the patient's limbs during seizures.

b. Place patient on high-flow oxygen at 15L/min via non-rebreathing mask if available.

4. Prevent injury to tissue and bones by padding or removing objects on which the patient may injure himself.

5. Manage the patient after the convulsive state has ended.

a. Place the patient on his side if necessary.

b. Continue to maintain the patient's airway.

Note: A patient who has just had a grand mal seizure will sometimes drool and will usually be drowsy so you must be prepared to suction if equipment is available.

c. Administer supplemental oxygen, if available, via non-rebreather mask or bag-valve-mask if not available earlier.

CAUTION

Sudden, loud noises may cause another seizure.

d. If possible, place the patient in a quiet, reassuring atmosphere.

6. Record the seizure activity.

a. Duration of seizure.

b. Presence of cyanosis, breathing difficulty or apnea.

c. Level of consciousness before, during and after the seizure.

d. Whether preceded by an aura, (ask patient).

e. Muscles involved.

f. Type of motor activity.

g. Incontinence.

h. Eye movement.

i. Previous history of seizures, head trauma and/or drug or alcohol abuse.

Note: If the seizure is witnessed, be sure to ask if they saw the patient fall, how he landed, how the patient was moving during the seizure and how long the seizure lasted.

7. Evacuate the patient on his side in the recovery position.

(Asterisks indicates a leader performance step.)

Evaluation Preparation: Setup: For training and evaluation, have another Soldier act as a patient.

PERFORMANCE MEASURES	GO	NO-GO	N/A
1. Identified the type of seizure.			
2. Maintained the airway of a patient exhibiting tonic-clonic movement.			
3. Placed patient on his side, if possible.			
4. Prevented injury to tissue and bones by padding or removing objects on which the patient may injure himself.			
5. Managed the patient after the seizure ended.			
6. Recorded the seizure activity.			
7. Evacuated the patient.			
8. Did not cause further injury to the patient.			

Supporting Reference(s):

Step Number	Reference ID	Reference Name	Required	Primary
	0-13-119265-5	EMT Complete: A Basic Worktext	No	No

Environment: Environmental protection is not just the law but the right thing to do. It is a continual process and starts with deliberate planning. Always be alert to ways to protect our environment during training and missions. In doing so, you will contribute to the sustainment of our training resources while protecting people and the environment from harmful effects. Refer to FM 3-34.5 Environmental Considerations and GTA 05-08-002 ENVIRONMENTAL-RELATED RISK ASSESSMENT.

Safety: In a training environment, leaders must perform a risk assessment in accordance with FM 5-19, Composite Risk Management. Leaders will complete a DA Form 7566 COMPOSITE RISK MANAGEMENT WORKSHEET during the planning and completion of each task and sub-task by assessing mission, enemy, terrain and weather, troops and support available-time available and civil considerations, (METT-TC). Note: During MOPP training, leaders must ensure personnel are monitored for potential heat injury. Local policies and procedures must be followed during times of increased heat category in order to avoid heat related injury. Consider the MOPP work/rest cycles and water replacement guidelines IAW FM 3-11.4, NBC Protection, FM 3-11.5, CBRN Decontamination.

Prerequisite Individual Tasks : None

Supporting Individual Tasks : None

Supported Individual Tasks : None

Supported Collective Tasks :

Task Number	Title	Proponent	Status
N/A	N/A	Not Selected	Obsolete